Pending Claims:

Prior to Amendment, claims 1-22 were pending in the application. Claims 1-12 and 17-22 have been withdrawn pursuant to a restriction requirement. New claims 23-28 have been added. Accordingly claims 13-16 and 23-28 are now presented to Examiner for examination.

Restriction Requirement:

Examiner has limited restriction to one of the following inventions under 35 U.S.C. 121:

I. Claims 1-12, drawn to gastrointestinal stimulation device with an expandable member fixation device, classified in class 607, subclass 40.

II. Claims 13-16, drawn to gastrointestinal stimulation device and method of use, classified §in class 607, subclass 40.

III. Claims 17-22, drawn to a method for treating obesity classified in class 607, subclass 40.

Examiner states:

The inventions are distinct, each from the other because of the following reasons:

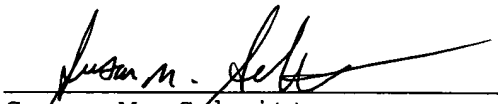
"Inventions I, II and III are unrelated. Inventions are unrelated if it can be shown that they are not disclosed as capable of use together and they have different modes of operation, different functions, or different effects (MPEP §806.04, MPEP §808.01). In the instant case the different inventions have different modes of operation in that the method does not call for anchoring as in both stimulation devices, and the two stimulation devices have different anchoring particulars thus making them individually distinct. Inventions II and III are additionally distinct in that different effects are achieved, i.e., controlling pyloric contraction and controlling obesity.

Because these inventions are distinct for the reasons give above and have acquired a separate status in the art because of the recognized divergent subject matter, restriction for examination purposes as indicated in proper."

Response

In response to the Restriction Requirement dated April 21, 2005, Applicants elect Group III, corresponding to claims 13-16, with traverse.

Respectfully submitted,



Date: June 20, 2005

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the device (e.g. position or battery charge status). The controller 170 is coupled through a buffer 164 to external input device 165 that is used to provide program parameter input, e.g. from a user, for a user to request data displayed in a desired format through display 166 or speaker 167, or to turn the device on and off. The external programmer 160 is also provided with an external data port 168 to interface with a computer and provide a means for bi-directional communication of data or commands. The computer may provide programming or data to the controller/microprocessor 170. A user may also interface with the computer to provide treatment protocols or changes in protocols, etc. Also, a user may control the turning on and off of the stimulation program.

The controller 170 is coupled to ROM 173, which contains the program instructions for the controller 170 and any other permanently stored information that allows the microprocessor/controller to operate. The controller 170 addresses memory in ROM 173 through address bus 173a and the ROM 173 provides the stored program instructions to the controller 170 via data bus 173b. The controller 170 controls the RF coil 175, which communicates with stimulator electronic circuitry 125 (Figure 5) through its RF coil 145. Processor 170 is coupled to an oscillator 172 that provides an RF signal, preferably having a characteristic frequency of 500kHz or higher, to be emitted from the RF coil 175. The controller 170 controls the oscillator 172 and provides data to be modulated with the RF signal, for example, programming information, stimulation parameters, etc. The RF coil 175 also receives information transmitted via RF signal from RF coil 145 on the stimulator electronic circuitry 125 such as various sensed data, e.g., pressure, pH, impedance, electrical activity (EMG) etc. The received RF signal is passed through